

Comparing Posttraumatic Stress Disorder's Symptom Structure between Deployed and Nondeployed Veterans

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Scores were compared on a self-report measure of Post-Traumatic Stress Disorder (PTSD) symptoms in a sample of Canadian veterans who had been deployed between 1990 and 1999 to a sample who had not been deployed (referred to here as “nondeployed”). The findings indicate that the factor structure of PTSD is different between groups with and without exposure to major traumatic events, which has implications for the revisions of the PTSD diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2010).

Key Findings:

- PTSD scores for veterans deployed to a combat zone were significantly higher than for veterans who had not been deployed.
- A model of PTSD that included the factor structure: reexperiencing, avoidance, dysphoria (general discontent and distress), and hyperarousal fit significantly better for deployed Veterans than a model that included emotional numbing instead of dysphoria.
- The PTSD models were relatively equivalent for nondeployed Veterans; however, there were higher levels of measurement error, implying that the measures were not as reliable in this group.
- The different model fits for deployed and nondeployed Veterans suggests that a different factor structure exists for PTSD for deployed versus nondeployed Veterans.

Implications for Programs:

- Programs and services that address coping with PTSD symptoms could consider focusing curriculum on dysphoric symptoms (and less so on emotional numbing) for Service members who have experienced deployment.
- Program staff, service providers, and clinicians working with Veterans experiencing PTSD symptoms may want to consider the complexity of posttraumatic reactions vary as a function of deployment experience.

Implications for Policies:

- Policies in support of Veterans with PTSD could be modified to support treatment that takes into account the better fit of the PTSD model that includes dysphoric symptoms.
- Funding could be available to support screening and services for men and women returning from deployment, as these individuals report higher levels of PTSD symptoms.

Avenues for Future Research:

- Additional studies could include a more varied sample of Veterans (i.e. different branches, ethnicities, and women) to make the results generalizable to the military and Veterans in general.
- Future research may want to investigate PTSD in individuals who have experienced other kinds of traumatic events, as they may differ in significant ways from individuals who have experienced combat trauma.

Background Information

Methodology:

- This study used self-report questionnaires mailed to participants (71.3% response rate) in 1999 to explore the underlying factor (symptom) structure of PTSD (measured by the PTSD Check List – Military).
- Using confirmatory factor analysis (CFA), Veterans who had been deployed were compared with Veterans who had not been deployed on their responses to the 17-item PTSD Check List to determine the best fitting statistical model to describe the underlying factor structure of the measure of PTSD.
- This study focused on Canadian Veterans who served between 1990 and 1999.

Participants:

- 1,106 Veterans who had served after 1990 in the Canadian armed forces completed surveys. 1,066 were included in analysis (40 were excluded due to missing data).
- 30% of the Veterans had not been deployed (n = 320), while 61% had been deployed 1 or 2 times. The average age of the Veterans was 45 years, they were mostly white (no percentage reported), and a majority (82%) had completed high school or college.

Limitations:

- Results cannot be generalized to general military or veteran populations because both groups sampled were Canadian veterans, pensioned for a service-related medical disability, mostly white men, which may represent a unique group.
- All measures were anonymous self-report; however, participants may have responded in socially desirable ways. Data were not collected on participants who chose not to respond, who may differ significantly from the Veterans included in this study.

Assessing Research that Works

	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods					Quality Rating: ★★☆☆
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations					Quality Rating: ★★☆☆
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implications					Quality Rating: ★☆☆☆
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Not applicable because authors do not discuss implications
Overall Quality Rating					★★★☆☆